

Michigan Department of Natural Resources, Grants Management

MARINE SAFETY PROGRAM ACTIVITY REPORT

This information is requested by authority of Part 801, 1994 PA 451, as amended, and 49 CFR Part 18

| County | Date | Number of Of | ficers | | | | |
|--|--------------------|--------------|--------|--|--|--|--|
| l | Name of Officer(s) | | | | | | |
| | | | | | | | |
| Yearly Report for | | | | | | | |
| ACCIDENTS – BOAT | | NO | HRS | | | | |
| ACCIDENTS - NON-BOAT | | NO | HRS | | | | |
| SEARCH AND RESCUE NO. BOATS NO. PE | | CASES | HRS | | | | |
| BODY RECOVERY – BOAT NO. PERS | SONSNO. CAS | SES | HRS | | | | |
| BODY RECOVERY – NON-BOAT NO. PE | ERSONS NO. | CASES | HRS | | | | |
| BODY OF WATER | | | | | | | |
| | | | | | | | |
| BOATING SAFETY STUDENTS | | | | | | | |
| NO. CLASSES CONDUCTED NO. T | RTIFIED | HRS | | | | | |
| NO. VOLUNTEER INSTRUCTORS NO. PAID INSTRUCTORS | | | | | | | |
| OFFICER TRAINING | | | | | | | |
| DNR APPROVED TRAINING | NO. T | RAINED | HRS | | | | |
| TYPE OF TRAINING | | | | | | | |
| OTHER BASIC LE TRAINING NO. TRAINED | | | | | | | |
| USCG NATIONAL BOATING SAFETY INSTRUCTOR COURS | SE NO. T | RAINED | | | | | |
| ACCIDENT INVESTIGATION TRAINING NO. TRAINED | | | | | | | |
| ADVANCED OWI/DRUG RECOGNITION TRAINING | RAINED | | | | | | |
| PUBLIC MEETINGS | | | | | | | |
| TYPE OF MEETING | | | HRS | | | | |
| OTHER AGENCY COOPERATION | | | | | | | |
| DEPARTMENT AND | NO. | CASES | HRS | | | | |
| LOCATION | | | | | | | |
| REGATTA PATROL | | | HRS | | | | |
| LIVERY INSPECTIONS NO. LIVERIES | NO. BOATS | FAILED | HRS | | | | |
| EQUIPMENT MAINTENANCE | | | HRS | | | | |
| COURT APPEARANCES | | | HRS | | | | |
| OTHER PROGRAM ADMINISTRATION | | | HRS | | | | |
| | | TOTAL HOURS | | | | | |



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| County | | | | | | | | | |
|-----------------------------|--------------|------------|-------------------|----------|------------|-------------------------|--|--|--|
| Body of Water | No. of | No. of | No. of Tickets | No. of | No. of | No. of Persons | | | |
| Zooy of Water | Patrol Hours | Contacts | Tickets | Warnings | Complaints | Arrested /Cited for OWI | | | |
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| TOTAL FROM ADDITIONAL PAGES | | | | | | | | | |
| Totals | | | | | | | | | |
| TOTAL BATROL HOURS | | | | | | | | | |
| TOTAL PATROL HOURS | | | | | | | | | |
| TOTAL HOURS FROM PAGE 1 | | | | | | | | | |
| GRAND TOTAL | | | | | | | | | |
| | | | | | | | | | |
| | Approved By: | | | | | | | | |
| | | | | | | | | | |
| Signature of Officer Date | | Signature | e of Command Off | ficer | Date | | | | |
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Return this completed Activity Report to: MARINE SAFETY PROGRAM

GRANTS MANAGEMENT

MICHIGAN DEPARTMENT OF NATURAL RESOURCES

PO BOX 30425

LANSING MI 48909-7925